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APPLICATION NO.	FILING DATE	FIRST NAMED INVE		ED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/617,017	07/11/2003	,	James	F. Price	008608-024	3074	
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EXAM	ART UNI	T	CLASS-SUBCLASS	]			
EICKHOLT, EUGENE H 28				101-483000			
CFR 1.363).  Change of correspond Address form PTO/SB/1:  "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.	e address or indication of "Follence address (or Change of 22) attached. tion (or "Fee Address" Indicator more recent) attached. Use	Correspondence ation form e of a Customer	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)				
PLEASE NOTE: Unless	an assignee is identified by 37 CFR 3.11. Completion	elow, no assignee of this form is NOT 3048653 IE 10000	lata will app a substitute b 1111415 RESIDENC	pear on the patent. If an assign for filing an assignment.  ONLY  ONLY	04/2005 SZEWDIE2 00000		
Please check the appropriate	assignee category or catego			patent): 🖄 Individual 🗖 C	orporation or other private gr	oup entity Government	
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a. Applicant claims Si	(from status indicated above MALL ENTITY status. See is requested to apply the Issublication Fee (if required) with so if the United States Pake.	e) 37 CFR 1.27.	☐ b. Applic	cant is no longer claiming SMA ny) or to re-apply any previousl te other than the applicant; a reg	LL ENTITY status. See 37 C	FR 1.27(g)(2).	
Authorized Signature Date 3/3/05							
Typed or printed name Samuel C. Miller III Registration No. 27,360							

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